

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		8/30/00
O.I.P.E. CLASSIFIER		10	9-7-00
FORMALITY REVIEW	<i>rw</i>	6242E	10 16 W
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	12/13/03
2	12/13/03
3	12/13/03
4	12/13/03
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49	12/13/03
50	12/13/03

Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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